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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

RECEIVED

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

NOV 16 1992

O. C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Harvard Petroleum Corporation		Well API No. 30-015-27124
Address P. O. Box 936 Roswell, New Mexico 88202-0936		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		<input type="checkbox"/> Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 1/24/93 UNLESS AN EXCEPTION TO: RULE 306 IS OBTAINED
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Netherlin State	Well No. 1	Pool Name, Including Formation Millman-Grayburg	Kind of Lease State, Producing Non-Producing	Lease No. 648
Location Unit Letter C : 330 Feet From The N Line and 2310 Feet From The W Line Section 24 Township 19S Range 27E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Pride	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2436, Abilene, TX 79604	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 24
	Twp. 19S	Rge. 27E
	Is gas actually connected? No	When? Unknown

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 9/18/92	Date Compl. Ready to Prod. 10/18/92		Total Depth 2256 KB		P.B.T.D. 2158 KB			
Elevations (DF, RKB, RT, GR, etc.) 3498 KB	Name of Producing Formation Loco Hills/Grayburg		Top Oil/Gas Pay 1736 KB		Tubing Depth 2105			
Perforations 1736-2078					Depth Casing Shoe 2183			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		313		200Sks "C"			
7 7/8"	5 1/2"		2183		200Sks "Lite" 150Sks "C"			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank 10/18/92	Date of Test 10/23/92	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 HRS	Tubing Pressure 12#	Casing Pressure 12#	Choke Size 1/4"
Actual Prod. During Test 15.1	Oil - Bbls. 11.6	Water - Bbls. 3.5	Gas- MCF 9

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Jeff Harvard Vice President
Printed Name
November 11, 1992 Date
(505) 623-1581 Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 25 1992

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.